

2018-2019 Semi-Monthly Employee Medical Plan Premium Costs

Level of Coverage: Employee + 1 Dependent

Medical Plan	All Bargaining Units Semi-Monthly Employee Cost (Excludes Administrative Management, Board of Supervisors, and Department/Agency Heads)	Administrative Management, Board of Supervisors, and Department/Agency Heads Semi-Monthly Employee Cost	Extra Help Semi-Monthly Employee Cost
County Health Plan EPO	\$465.68	\$794.68	Not Applicable
County Health Plan PPO	\$694.68	\$1,023.68	Not Applicable
Kaiser Permanente HMO	\$206.58	\$535.58	\$585.58
Kaiser Permanente Hospital Services DHMO	\$53.52	\$382.52	\$432.52
Kaiser Permanente Deductible First HDHP	\$7.94	\$336.94	\$386.94
Sutter Health Plus Traditional HMO	\$30.81	\$359.81	\$409.81
Sutter Health Plus Hospital Services DHMO	\$0.00	\$273.24	\$323.24
Sutter Health Plus Deductible First HDHP	\$0.00	\$235.70	\$285.70
Western Health Advantage Traditional HMO	\$161.99	\$490.99	\$540.99
Western Health Advantage Hospital Services DHMO	\$20.29	\$349.29	\$399.29
Western Health Advantage Deductible First HDHP	\$0.00	\$306.67	\$356.67